PART B - FEE(S) TRANSMITTAL

AUG 0 1 2005 2	this form, together wi		or ;	P.O. Box 14 Alexandria, Fax (703) 746-40	ier for Pa 50 Virginia 00	tents 22313-1450	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23418 7590 06/10/2005 VEDDER PRICE KAUFMAN & KAMMHOLZ				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission			
222 N. LASALLE STREET CHICAGO, IL 60601				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
8/02/2005 CNGUYEN1 00						03)746-4000, on the Bufalino	date indicated below. (Depositor's name)
1 FC:1501 2 FC:8001	1400.00 OP 30.00 OP				N31	-27-05	(Signatore)
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE	SMALL ENDITY	ISSUE F	EE	PUBLICATION PEE	т	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0		\$1400	09/12/2005
EXAMINER		ART UNIT		CLASS-SURCLASS	\neg		
SPITZER, ROBERT H		1724		055-357000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
PLEASE NOTE: Unbrecordation as set forth (A) NAME OF ASSIC	ess an assignee is identified by in 37 CFR 3.11. Completion	clow, no assignce of this form is NO	data will app T a substitute 3) RESIDENO	pear on the patent. If an	R COUNTR		document has been filed to
Please check the appropri	ate assignee category or catego	ories (will not be pr	inted on the p	patent): 🗖 Individual	Corpora	tion or other private gr	oup entity Government
4a. The following fec(s) s Issue Fee Publication Fee (N Advance Order - *	n. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0259 (enclose an extra copy of this form).						
a. Applicant claims	s SMALL ENTITY status. See	37 CFR 1.27.	🖺 b. Appli	cant is no longer claiming	SMALL EN	STITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	O is requested to apply the Iss I Publication Fee (if required) ecords Othe United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and different anyon) Office.	ny) or to re-apply any pre e other than the applicant	eviousty paid ; a registered	assue fee to the applic attorney or agent; or t	ation identified above. he assignee or other party it
Authorized Signature				_ Date_	7-27	29,622	
Typed or printed name Angelo J. Bufalino				Regis	tration No	29,622	
Alexandria, virgina 225.	ation is required by 37 CFR 1 iality is governed by 35 U.S.C application form to the USP1 ons for reducing this burden, s irginia 22313-1450. DO NOT 13-1450. duction Act of 1995, no person						